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Patent Specialist  
(703) 305-3738

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/089709

FILING DATE

APPLICANT(S)

**CLAIMS**

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1               | /        |      | /                      |      |                        |      |
| 2               | /        |      | /                      |      |                        |      |
| 3               | /        | 2    |                        |      |                        |      |
| 4               | /        |      |                        |      |                        |      |
| 5               | /        |      |                        |      |                        |      |
| 6               |          | 1    |                        |      |                        |      |
| 7               |          |      |                        |      |                        |      |
| 8               |          |      | /                      |      |                        |      |
| 9               |          |      | /                      |      |                        |      |
| 10              |          |      | /                      |      |                        |      |
| 11              |          |      | /                      |      |                        |      |
| 12              |          |      | /                      |      |                        |      |
| 13              |          |      | /                      |      |                        |      |
| 14              |          |      | /                      |      |                        |      |
| 15              |          |      | /                      |      |                        |      |
| 16              |          |      | /                      |      |                        |      |
| 17              |          |      | /                      |      |                        |      |
| 18              |          |      | /                      |      |                        |      |
| 19              |          |      |                        |      |                        |      |
| 20              |          |      |                        |      |                        |      |
| 21              |          |      |                        |      |                        |      |
| 22              |          |      |                        |      |                        |      |
| 23              |          |      |                        |      |                        |      |
| 24              |          |      |                        |      |                        |      |
| 25              |          |      |                        |      |                        |      |
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| 27              |          |      |                        |      |                        |      |
| 28              |          |      |                        |      |                        |      |
| 29              |          |      |                        |      |                        |      |
| 30              |          |      |                        |      |                        |      |
| 31              |          |      |                        |      |                        |      |
| 32              |          |      |                        |      |                        |      |
| 33              |          |      |                        |      |                        |      |
| 34              |          |      |                        |      |                        |      |
| 35              |          |      |                        |      |                        |      |
| 36              |          |      |                        |      |                        |      |
| 37              |          |      |                        |      |                        |      |
| 38              |          |      |                        |      |                        |      |
| 39              |          |      |                        |      |                        |      |
| 40              |          |      |                        |      |                        |      |
| 41              |          |      |                        |      |                        |      |
| 42              |          |      |                        |      |                        |      |
| 43              |          |      |                        |      |                        |      |
| 44              |          |      |                        |      |                        |      |
| 45              |          |      |                        |      |                        |      |
| 46              |          |      |                        |      |                        |      |
| 47              |          |      |                        |      |                        |      |
| 48              |          |      |                        |      |                        |      |
| 49              |          |      |                        |      |                        |      |
| 50              |          |      |                        |      |                        |      |
| TOTAL<br>IND.   | 4        |      | 4                      |      |                        |      |
| TOTAL<br>DEP.   | 3        |      | 10                     |      |                        |      |
| TOTAL<br>CLAIMS | 7        |      | 14                     |      |                        |      |

|                 | *    |      | *    |      | *    |      |
|-----------------|------|------|------|------|------|------|
|                 | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51              |      |      |      |      |      |      |
| 52              |      |      |      |      |      |      |
| 53              |      |      |      |      |      |      |
| 54              |      |      |      |      |      |      |
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| 71              |      |      |      |      |      |      |
| 72              |      |      |      |      |      |      |
| 73              |      |      |      |      |      |      |
| 74              |      |      |      |      |      |      |
| 75              |      |      |      |      |      |      |
| 76              |      |      |      |      |      |      |
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| 78              |      |      |      |      |      |      |
| 79              |      |      |      |      |      |      |
| 80              |      |      |      |      |      |      |
| 81              |      |      |      |      |      |      |
| 82              |      |      |      |      |      |      |
| 83              |      |      |      |      |      |      |
| 84              |      |      |      |      |      |      |
| 85              |      |      |      |      |      |      |
| 86              |      |      |      |      |      |      |
| 87              |      |      |      |      |      |      |
| 88              |      |      |      |      |      |      |
| 89              |      |      |      |      |      |      |
| 90              |      |      |      |      |      |      |
| 91              |      |      |      |      |      |      |
| 92              |      |      |      |      |      |      |
| 93              |      |      |      |      |      |      |
| 94              |      |      |      |      |      |      |
| 95              |      |      |      |      |      |      |
| 96              |      |      |      |      |      |      |
| 97              |      |      |      |      |      |      |
| 98              |      |      |      |      |      |      |
| 99              |      |      |      |      |      |      |
| 100             |      |      |      |      |      |      |
| TOTAL<br>IND.   |      |      |      |      |      |      |
| TOTAL<br>DEP.   |      |      |      |      |      |      |
| TOTAL<br>CLAIMS |      |      |      |      |      |      |